

**2022 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L21000527044

**Entity Name:** OSKAIRE LED LLC

**Current Principal Place of Business:**

1560 SAWGRASS CORPORATE PARKWAY  
4TH FLOOR SUITE #499  
SUNRISE, FL 33323

**Current Mailing Address:**

1560 SAWGRASS CORPORATE PARKWAY  
4TH FLOOR SUITE #499  
SUNRISE, FL 33323 UN

**FEI Number:** 87-3977506

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ZAMBRANO, BLANCA  
1266 SW 115 WAY  
DAVIE, FL 33325 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	AMBR	Title	AMBR
Name	HERNANDEZ VELAZCO, HECTOR JOSE	Name	RODRIGUEZ MACHADO, JULIO ALFREDO
Address	1560 SAWGRASS CORPORATE PARKWAY, 4TH FLOOR	Address	1560 SAWGRASS CORPORATE PARKWAY, 4TH FLOOR
City-State-Zip:	SUNRISE FL 33323	City-State-Zip:	SUNRISE FL 33323
Title	AMBR	Title	AMBR
Name	DIAZ BERROTERAN, OSKARLET J	Name	OSPINO MACHADO, VANESSA ANDREA
Address	1560 SAWGRASS CORPORATE PARKWAY, 4TH FLOOR	Address	941 NW 97TH AV APT 102
City-State-Zip:	SUNRISE FL 33323	City-State-Zip:	MIAMI FL 33172

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** OSPINO MACHADO VANESSA ANDREA

AMBR

04/01/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date